

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number 708.7.1P Adopted September 2021 Revised _____

Title **COVID-19 Mask Accommodation for Student**

In response to the COVID-19 pandemic, District 196 has implemented face mask protocols that are to be followed by students, staff and visitors in any district building, regardless of vaccination status. Students who cannot wear a mask or cannot safely wear a mask because of a disability may use this form to request a reasonable accommodation. The completed form may be submitted to your child's school building administrator.

This information obtained from this form will be used to determine whether your child qualifies for an accommodation from the district's mask requirement. You are not required to complete the form. However, if you do not provide the information requested in this form, the district may lack sufficient medical documentation to grant an accommodation. Through submission of this form, you also authorize the school district to contact your child's health care provider with questions about the completed form.

The information provided in this form will be maintained as private educational data and will only be shared with persons with a legitimate educational interest, which includes but is not limited to school administration, district nursing staff and the school district COVID-19 response team.

For background information about masks and mask accommodations, refer to 708.7AR COVID-19 Masks.

Continue onto page two for the form.

Note: If your child has a disabling condition and you are seeking other information, accommodations and support from the school district beyond a mask accommodation, please contact your child's school building administrator.

DISTRICT 196 MASK ACCOMMODATION FORM

TO BE COMPLETED BY PARENT/GUARDIAN:

Student name: _____ Date of birth: _____

School or program: _____

TO BE COMPLETED BY A LICENSED HEALTHCARE PROVIDER:

(medical doctor, psychiatrist, clinical psychologist, physician assistant or nurse practitioner)

Clinic name: _____

Clinic address: _____

Clinic phone: _____

Licensed healthcare provider's name (printed): _____

Disability that makes it necessary for the student to have a mask accommodation:

Please select an option that best accommodates the student's disability described above:

- The student cannot wear a mask at any time during the school day.
- The student cannot wear a mask, but can wear a face shield.
- The student can wear a mask with breaks. Describe recommended breaks (i.e. frequency):

Please describe how a mask accommodation is necessary to manage the student's disability. Include the relationship between the student's disability and the outcome provided by a mask accommodation.

Expected duration of this requested accommodation:

- Through the 2021-22 school year
- Temporary, ending on the following date: _____

Licensed healthcare provider's signature: _____

Date signed: _____